MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE Primary Registration District No. 3007 Registration District No DO NOT WRITE **AMENDED** ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATEMISSOURID COUNTY Butler a COUNTY Butler VS 300 AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR TOWN Poplar Bluff Poplar Bluff 16 **yrs.** Yes ☐ NoX☐ TOWN c. FULL NAME OF (If NOT in hospital, give location) (If cutside, give location) Inside Limits d. STREET Reside on Farm ADDRESS HOSPITAL OR INSTITUTION Lucy Lee Hospital YeX No [] Yes X No 🗆 3. NAME OF DECEASED Middle First 4. DATE OF October 23, 1962 (Type or print) CHARLES EDWARD GILLILAND 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 6. COLOR OR RACE DATE OF BIRTH 5. SEX 7. Married 🗍 Never Married [] Divorced [ 8/29/1882 80 Months Hours Widowed( Male White 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Perry County, Ind. FOLLOWS U. S. A. Retired Farmer 14. NAME OF HUSBAND OR WIFE 13a, FATHER'S NAME 13b. MOTHER'S MAIDEN NAME Lewis Gilliland Unknown Deceased. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? IA SOCIAL SECURITY NO 17. INFORMANT Š (Yes, no, or unknown) (If yes, give war or dates of service) Mrs. Cecil Terry, Poplar Bluff, Mo. 9570.5 ARE 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN 10 IMMEDIATE CAUSE (a) Conditions, if any, DUE TO (b) which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal deceased was disease condition given in PART I ( there a pregnancy in last 90 days. AMENDMENTS 19. WAS AUTOPSY PERFORMED? YES | NO | MEDICAL 20c. TIME OF Hou Month, Day, Year RIBBON INJURY USE BLACK INK 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY WHILE AT WORK | farm, factory, street, office bldg., etc.) OR TYPEWRITER SHOULD READ and last saw him alive on. 21. I attended the deceased from... m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at 22b. ADDRESS 22c. DATE SIGNED 尚 22a. SIGNATURE Poplar Bluff, Mo. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) AFFIDA Caruthersville, Missouri. ġ Burial (Specify) 10/26/1962 Maple 25. DATE RECD. BY LOCAL REG. | 26. REGISTRARIG SIGNATURE TEM 24. FUNERAL DIRECTOR rank-Cotrell Chapel, Poplar Bluff, Mo. // (Licensed Embalmer's Statement on Reverse Side)

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## STATEMENT BY LICENSED EMBALMER

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If this body is not embalmed, fact should be so stated above.